

THE TRANSITION SEMINAR REGISTRATION FORM
June 20-22, 2007
The University of Montana Missoula Campus

The Transition Seminar accepts applicants on a first come, first serve basis. The cost to attend is \$185 per student. ***The registration deadline is ~~Friday, May 25~~ has been extended to Thursday, June 7.*** For more information about the Transition Seminar, please contact (406)243-2243 (voice/text) or dss@umontana.edu.

Part 1 - Registration Information:

Student's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of the School you currently attend: _____

Grade for Fall 2007: ___ High School Jr.: ___ High School Sr.: ___ College Freshman

Age (as of June 2007): _____ Gender: _____

Student's email address: _____

Student's phone number (if available): _____

Parent/Legal Guardian Name: _____

Emergency Phone Number: _____

Parent/Legal Guardian's Email address: _____

Part 2 – Program accommodation/modification Information:

In the space following, please describe any programmatic modifications you will need in order to fully participate in the seminar. Examples include a sign language interpreter, a visual alarm in the dorm room, braille or electronic format for seminar materials, a rolling shower, a lower bed, a scribe and/or a reader. Consider what modifications are required to live in the dorm, eat in the cafeteria, and attend classroom setting workshops.

Part 3 – Seminar Registration Fee and Payment

The total cost of the seminar: \$185 includes all materials, food and lodging for the night of June 20 and 21.

Option 1: Make Checks payable to: Disability Services for Students and send your payment

Option 2: The agency that I receive services from will pay my fee.
Specify the name of the agency and the agency's information:

Option 3: I am applying for a scholarship.

Cancellation Policy: Cancellations are allowed, but a written cancellation request must be submitted. **There is an \$80 processing fee for any cancellations after June 13th.**

Photo Release Agreement

As a participant in The Summer Transition Seminar, I understand that photographs will be taken. By signing this form, I give The University of Montana the permission to use my photograph in promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media, or other forms of promotion. I release the University, the photographer, their offices, employees, agents, and any designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Student's Signature _____ Date _____

Printed Name _____

Signature of parent or Guardian (if under 18) – I am the guardian of the minor named above. I have read the release agreement, and grant The University of Montana permission to photograph my son/daughter and use the photograph in promotional materials.

Parent/Guardian's Signature _____ Date _____

Printed Name _____

Registration Deadline: ~~Friday, May 25, 2007~~ Thursday, June 7

Please return the registration form with a payment to: Transition Seminar, Disability Services for Students, Lommasson Center 154, University of Montana, Missoula, MT 59812

You can also fax your registration form to (406) 243-5330.



Distributed by:
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